

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING
1. Print: <u>Junda Kryszenwski</u> Sign: <u>Junda Kryszenwski</u>	Street: <u>320 First St.</u> City: <u>Rosholt</u> Zip: <u>54473</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Rosholt</u> (Municipality Name)	<u>12/13/2011</u> (Month) (Day) (Year)
2. Print: <u>PHYLLIS LANDOWSKI</u> Sign: <u>Phyllis Landowski</u>	Street: <u>195 VICTORIAN LA DR</u> City: <u>Rosholt, WI</u> Zip: <u>54473</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Rosholt</u> (Municipality Name)	<u>12/13/2011</u> (Month) (Day) (Year)
3. Print: <u>Steve Grill</u> Sign: <u>STEVE GRILL</u>	Street: <u>3178 W. Lake Helen Dr</u> City: <u>Rosholt, WI</u> Zip: <u>54473</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Alhambra</u> (Municipality Name)	<u>12/13/2011</u> (Month) (Day) (Year)
4. Print: <u>Mary Ann Weisbrod</u> Sign: <u>Mary Ann Weisbrod</u>	Street: <u>3082 E. Lake Helen Dr.</u> City: <u>Rosholt, WI</u> Zip: <u>54473</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Alhambra</u> (Municipality Name)	<u>12/13/2011</u> (Month) (Day) (Year)
5. Print: <u>Joseph Weisbrod</u> Sign: <u>Joseph C. Weisbrod</u>	Street: <u>3082 E. Lake Helen Dr.</u> City: <u>Rosholt, WI</u> Zip: <u>54473</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Alhambra</u> (Municipality Name)	<u>12/13/2011</u> (Month) (Day) (Year)

## Certification of Circulator

I, Mary Ann Weisbrod, (certify): I reside at 3082 E. Lake Helen Dr  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Rosholt, WI 54473  
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 13 / 2011  
(Month) (Day) (Year)

Mary Ann Weisbrod  
(Signature of Circulator)

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# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
1. Print: <u>Linda Dobbe</u> Sign: <u>Linda Dobbe</u>	Street: <u>4016 Camty Rd A</u> City: <u>Rosholt, WI</u> Zip: <u>54473</u>	<input checked="" type="checkbox"/> Town <u>Alban</u> <input type="checkbox"/> Village <input type="checkbox"/> City (Municipality Name)	<u>12/13/2011</u> (Month) (Day) (Year)	Email Phone (
2. Print: <u>Juliann e Firkos</u> Sign: <u>Juliann Firkos</u>	Street: <u>156 W Randolph</u> City: <u>Rosholt</u> Zip: <u>54473</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Rosholt</u> <input type="checkbox"/> City (Municipality Name)	<u>12/13/2011</u> (Month) (Day) (Year)	Email Phone (
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City (Municipality Name)	<u>1/ /20</u> (Month) (Day) (Year)	Email Phone (
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City (Municipality Name)	<u>1/ /20</u> (Month) (Day) (Year)	Email Phone (
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City (Municipality Name)	<u>1/ /20</u> (Month) (Day) (Year)	Email Phone (

## Certification of Circulator

I, Mary Ann Weisbrod (certify): I reside at 3082 E. Lake Helen Dr  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Rosholt, WI (Alban)  
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 13 / 2011  
(Month) (Day) (Year)

Mary Ann Weisbrod  
(Signature of Circulator)

Page No. (Official Use Only)  
# 14152

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Madison

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# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Daniel Barth</u> Sign: <u>Daniel Barth</u>	Street: <u>911 Helix Lane</u> City: <u>Mosinee</u> Zip: <u>54455</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Knawltown</u> (Municipality Name)	<u>12/9/2011</u> (Month) (Day) (Year)	Email Phone ( )
2. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>  </u> / <u>  </u> / <u>20  </u> (Month) (Day) (Year)	Email Phone ( )
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>  </u> / <u>  </u> / <u>20  </u> (Month) (Day) (Year)	Email Phone ( )
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>  </u> / <u>  </u> / <u>20  </u> (Month) (Day) (Year)	Email Phone ( )
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>  </u> / <u>  </u> / <u>20  </u> (Month) (Day) (Year)	Email Phone ( )

I, SEAN HADORN (certify): I reside at 690 W. MADISON ST.  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

PLATTEVILLE CITY  
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.17.33(3)(a), Wis. Stats.

12 / 9 / 2011  
(Month) (Day) (Year)

[Signature]  
(Signature of Circulator)

Page No. (Official Use Only)  
# 1453

Return by  
Committee  
PO Box 23  
Madison, WI

Circulators.  
Please include your

Phone  
612  
Email



To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Dave Missling	Dave Missling	Street: 107 N Monroe St City: Spencer Zip: WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Spencer	11 / 16 / 2011 (Month) (Day) (Year)
2.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
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7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

### Certification of Circulator

I, Gregory S. Reierson (Name of Circulator), (certify): I reside at 1110 W. Blodgett St. (Circulator's Residence - Street name and Number) City of Marshfield (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 26 / 2011  
(Month) (Day) (Year)

Gregory S. Reierson  
(Signature of Circulator)

Page No. (Official Use Only)  
# 1453

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	
1. Print: <b>KENNETH J LASKOWSKI</b> Sign: <i>[Signature]</i>	Street: <b>W 321 KANSAS</b> City: <b>BRAUNTWOOD</b> Zip: <b>54513</b>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <b>KNOX</b> <small>(Municipality Name)</small>	<b>12/17/2011</b> <small>(Month) (Day) (Year)</small>	Email: Phone:
2. Print: <b>Lorinda Laskowski</b> Sign: <i>[Signature]</i>	Street: <b>W 321 KANSAS AVE</b> City: <b>Braunwood</b> Zip: <b>54513</b>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <b>KNOX</b> <small>(Municipality Name)</small>	<b>12/17/2011</b> <small>(Month) (Day) (Year)</small>	Email: Phone:
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ <small>(Municipality Name)</small>	<b>/ / 20__</b> <small>(Month) (Day) (Year)</small>	Email: Phone:
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ <small>(Municipality Name)</small>	<b>/ / 20__</b> <small>(Month) (Day) (Year)</small>	Email: Phone:
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ <small>(Municipality Name)</small>	<b>/ / 20__</b> <small>(Month) (Day) (Year)</small>	Email: Phone:

I, **Larry Sipiowski**, certify: I reside at **1217 Ridge Rd**  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

**Stevens Point**  
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3) Wis. Stats.

**12 / 17 / 2011**  
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*[Signature]*  
(Signature of Circulator)



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# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	
1. Print: <u>Robert C Hotnack</u> Sign: <u>Robert C Hotnack</u>	Street: <u>616 Moon Rd Lot 2</u> City: <u>Mosinee Wis</u> Zip: <u>54455</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Mosinee</u> <small>(Municipality Name)</small>	<u>12/14/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone ( )
2. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ <small>(Municipality Name)</small>	<u>/ / 20</u> <small>(Month) (Day) (Year)</small>	Email Phone ( )
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ <small>(Municipality Name)</small>	<u>/ / 20</u> <small>(Month) (Day) (Year)</small>	Email Phone ( )
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ <small>(Municipality Name)</small>	<u>/ / 20</u> <small>(Month) (Day) (Year)</small>	Email Phone ( )
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ <small>(Municipality Name)</small>	<u>/ / 20</u> <small>(Month) (Day) (Year)</small>	Email Phone ( )

I, SEAN HADORN, (certify): I reside at 690 W. MADISON ST.  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

PLATTEVILLE CITY  
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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[Signature]  
(Signature of Circulator)

Page Not Official Until  
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Circulator:  
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# PAM GALLOWAY RECALL PETITION

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	
1. Print: <u>Clarence Glodowski</u> Sign: <u>Clarence J. Glodowski</u>	Street: <u>3119 N Lakeside Rd</u> City: <u>Rosholt</u> Zip: <u>54473</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>ALBAIN</u> <small>(Municipality Name)</small>	<u>12/17/2011</u> <small>(Month) (Day) (Year)</small>	Email: Phone: ( )
2. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ <small>(Municipality Name)</small>	<u>/ / 20</u> <small>(Month) (Day) (Year)</small>	Email: Phone: ( )
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ <small>(Municipality Name)</small>	<u>/ / 20</u> <small>(Month) (Day) (Year)</small>	Email: Phone: ( )
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ <small>(Municipality Name)</small>	<u>/ / 20</u> <small>(Month) (Day) (Year)</small>	Email: Phone: ( )
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ <small>(Municipality Name)</small>	<u>/ / 20</u> <small>(Month) (Day) (Year)</small>	Email: Phone: ( )

1. John R. Harper (certify: I reside at 1732 Elk St.  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Stevens Point  
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13 and Wis. Stats.

12 / 17 / 2011  
(Month) (Day) (Year)

JRH  
(Signature of Circulator)

Page No. 001458

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# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. <u>M David Kruger</u> Print: <u>m David Kruger</u> Sign:	<u>2565 County Road T</u> Street: <u>Rosholt</u> City: <u>54473</u> Zip:	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Alban</u> (Municipality Name)	<u>12/17/2011</u> (Month) (Day) (Year)	Email Phone (
2. Print: Sign:	Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone (
3. Print: Sign:	Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone (
4. Print: Sign:	Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone (
5. Print: Sign:	Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City (Municipality Name)	<u>/ / 20</u> (Month) (Day) (Year)	Email Phone (

I, John R. Harper, certify I reside at 1732 Elk St.  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Stevens Point  
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.33(4a), Wis. Stats.

12 / 17 / 2011  
(Month) (Day) (Year)

John R. Harper  
(Signature of Circulator)

Page No. (must be circled)  
**001439**

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PO Box  
Madiso

Circulators  
Please include your

Phone

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Email

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
1. Print: <u>Stan G. Glodowski</u> Sign: <u>Stan G. Glodowski</u>	Street: <u>396 W Grand Ave</u> City: <u>Rosholt</u> Zip: <u>54473</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Rosholt</u> (Municipality Name)	<u>12/17/2011</u> (Month) (Day) (Year)	Email Phone (
2. Print: <u>Dennis Mlodik</u> Sign: <u>Dennis R Mlodik</u>	Street: <u>4223 Cty Road E</u> <u>Rosholt Wis 54473</u> City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>ALBAN</u> (Municipality Name)	<u>12/17/2011</u> (Month) (Day) (Year)	Email Phone (
3. Print: <u>Anna Mlodik</u> Sign: <u>Anna Mlodik</u>	Street: <u>4223 County Road I</u> City: <u>Rosholt</u> Zip: <u>54473</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>ALBAN</u> (Municipality Name)	<u>12/17/2011</u> (Month) (Day) (Year)	Email Phone (
4. Print: <u>Mark Mihalak</u> Sign: <u>Mark Mihalak</u>	Street: <u>10108 W. Tree Lake Rd</u> City: <u>Rosholt, WI</u> Zip: <u>54473</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Alban</u> (Municipality Name)	<u>12/17/2011</u> (Month) (Day) (Year)	Email Phone (
5. Print: <u>Richard Ferg</u> Sign: <u>Richard Ferg</u>	Street: <u>11808 State Hwy 49</u> City: <u>Rosholt WI</u> Zip: <u>54473</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Alban</u> (Municipality Name)	<u>12/17/2011</u> (Month) (Day) (Year)	Email Phone (

1. John R. Harper (certify): I reside at 1732 EIK St  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number)

Stevens Point  
(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 17 / 2011  
(Month) (Day) (Year)

John R. Harper  
(Signature of Circulator)

Page No. (Official Use Only)  
# 001460

Return  
Commit  
PO Box  
Madison

Circulators  
Please include your

Phone  
(  
Email

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. RONALD KOWALSKI	<i>Ronald Kowalski</i>	Street: 569 Ranger Street City: Mosinee Zip: 54455	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mosinee	12/19/2011 <small>(Month) (Day) (Year)</small>
2. FAYE KOWALSKI	<i>Faye Kowalski</i>	Street: 569 Ranger Street City: Mosinee Zip: 54455	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mosinee	12/19/2011 <small>(Month) (Day) (Year)</small>
3. Fred Bradfish	<i>Fred Bradfish</i>	Street: 1616 Foothill Ave City: Weston Zip: 54476	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Weston	12/19/2011 <small>(Month) (Day) (Year)</small>
4. Kelsey Schneider	<i>Kelsey Schneider</i>	Street: 900 19th St City: Mosinee Zip: 54455	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mosinee	12/19/2011 <small>(Month) (Day) (Year)</small>
5. <i>Chue Ker Chang</i>	<i>Chue Ker Chang</i>	Street: 5206 Linda St City: Weston WI Zip: 54476	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Weston	12/19/2011 <small>(Month) (Day) (Year)</small>
6. <i>Dia Xiongchang</i>	<i>Dia Xiongchang</i>	Street: 5206 Linda St City: Weston, WI Zip: 54476	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Weston	12/19/2011 <small>(Month) (Day) (Year)</small>
7. <i>Morva Bishop</i>	<i>Morva Bishop</i>	Street: 1961 N. 10th Ave City: Wausau WI Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/19/2011 <small>(Month) (Day) (Year)</small>
8. <i>Betty McGhee</i>	<i>Betty McGhee</i>	Street: 5503 Birch St City: Weston WI Zip: 54476	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Weston	12/19/2011 <small>(Month) (Day) (Year)</small>
9. <i>Ralph McGhee</i>	<i>Ralph McGhee</i>	Street: 5503 Birch St City: Weston Zip: 54476	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Weston	12/19/2011 <small>(Month) (Day) (Year)</small>
10. <i>GERALD BERNARD</i>	<i>Gerald G Bern</i>	Street: 1244 S. 7th Ave City: Wausau Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/19/2011 <small>(Month) (Day) (Year)</small>

## Certification of Circulator

I, Daniel Hazant (Name of Circulator), (certify): I reside at 7402 Wall St (Circulator's Residence - Street name and Number) Rothchild Village (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 19 / 2011  
(Month) (Day) (Year)

Daniel Hazant  
(Signature of Circulator)

Page No. (Official Use Only)  
**001461**

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. MARY PASHOLIK	<i>Mary Pasholik</i>	Street: 4406 Evergreen Rd City: WAUSAU WI Zip: 54403	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City WAUSAU	12/19/2011 <small>(Month) (Day) (Year)</small>
2. Ambler Ambler	<i>Ambler Ambler</i>	Street: 2209 N. 6th St. City: WAUSAU Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	12/19/2011 <small>(Month) (Day) (Year)</small>
3. Terry Kilian-Lewandowski	<i>Terry Kilian-Lewandowski</i>	Street: 133 E. THOMAS ST City: WAUSAU WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	12/19/2011 <small>(Month) (Day) (Year)</small>
4. Dave Zastrow	<i>Dave Zastrow</i>	Street: 2609 N. 25th St City: WAUSAU Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	12/19/2011 <small>(Month) (Day) (Year)</small>
5. DIXIE TERRELL WILHITE	<i>Dixie WilHITE</i>	Street: 930 FRANKLIN ST City: WAUSAU WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	12/19/2011 <small>(Month) (Day) (Year)</small>
6. Sandra Kevilus	<i>Sandra Kevilus</i>	Street: 114 1/2 S 7th St City: WAUSAU Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	12/19/2011 <small>(Month) (Day) (Year)</small>
7. SCOTT EATON	<i>Scott Eaton</i>	Street: 701 HUMBOLDT AVE City: WAUSAU Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	12/19/2011 <small>(Month) (Day) (Year)</small>
8. David Olmsted	<i>David Olmsted</i>	Street: 1510 N. 2nd Ave City: WAUSAU Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	12/19/2011 <small>(Month) (Day) (Year)</small>
9. Crystal Johnson	<i>Crystal Johnson</i>	Street: 10709 Tesch Ln. Apt 5 City: ROTHSCHILD Zip: 54474	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village ROTHSCHILD <input type="checkbox"/> City	12/19/2011 <small>(Month) (Day) (Year)</small>
10. Bethany Hintze	<i>Bethany Hintze</i>	Street: 4311 Schofield AV #60 City: WESTON Zip: 54476	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village WESTON <input type="checkbox"/> City	12/19/2011 <small>(Month) (Day) (Year)</small>

## Certification of Circulator

I, Daniel Hazant, (certify): I reside at 7402 W. 11th St. ROTHSCHILD Village  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 19 / 2011  
(Month) (Day) (Year)

Daniel Hazant  
(Signature of Circulator)

Page No. (Official Use Only)

# **001462**

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. Donald Rahnenfuehrer		Street: 826 Tuncer St - 54403 City: Wausau WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/19/2011 <small>(Month) (Day) (Year)</small>
2. KA Thao		Street: 1300 N. 9th Ave City: Wausau WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/19/2011 <small>(Month) (Day) (Year)</small>
3. Debra Wysocki	Debra Wysocki	Street: 827 Ning Ave. City: Wausau WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/19/2011 <small>(Month) (Day) (Year)</small>
4. Barbara L. Winkus		Street: 3108 Green St City: Weston WI Zip: 54476	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Weston	12/19/2011 <small>(Month) (Day) (Year)</small>
5. Liz Lewis		Street: 3605 winding Ridgeway City: Schofield WI Zip: 54476	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Weston	12/19/2011 <small>(Month) (Day) (Year)</small>
6. Erin Maki	Erin Maki	Street: 16002 Birchwood City: Schofield WI Zip: 54476	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Schofield	12/19/2011 <small>(Month) (Day) (Year)</small>
7. Cristy Matthey		Street: N754 City Rd 4 City: Hatley WI Zip: 54440	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Norrie	12/19/2011 <small>(Month) (Day) (Year)</small>
8. Tyler Morger		Street: W4781 Pope City: Merrill WI Zip: 54453	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Merrill	12/19/2011 <small>(Month) (Day) (Year)</small>
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>

## Certification of Circulator

I, Daniel Hazant, (certify): I reside at 7402 Wail St Rothschild Village  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 19 / 20  
(Month) (Day) (Year)

Daniel Hazant  
(Signature of Circulator)

Page No. (Official Use Only)  
**#001463**

Circulator

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

**Return by Jan**  
Committee to  
PO Box 2569  
Madison, WI 53708

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	CONTACT INFO
1. Suzanne Zunker	<i>Suzanne Zunker</i>	Street: 613 S. 22 <sup>nd</sup> Ave City: Wausau WI Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/19/2011 (Month) (Day) (Year)	Email Phone ( )
2. Shayna Pankratz	<i>Shayna Pankratz</i>	Street: 1231 S. 50 <sup>th</sup> AVE #10 City: Wausau Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/19/2011 (Month) (Day) (Year)	Email Phone ( )
3. Kevence Kotka	<i>Kevence Kotka</i>	Street: 11248 Forest Hill Rd. City: WAUSAU, WI Zip: 54403	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Texas	12/19/2011 (Month) (Day) (Year)	Email Phone ( )
4. GREGORY NEWPORT	<i>Gregory Newport</i>	Street: 2851 BITTERSWEET CT City: WAUSAU WI Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MOSINEES	12/19/2011 (Month) (Day) (Year)	Email Phone ( )
5. DONALD D HENTZ	<i>Donald D Hentz</i>	Street: 1710 3 <sup>rd</sup> ST City: WAUSAU WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	12/19/2011 (Month) (Day) (Year)	Email Phone ( )
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone ( )

I, Samuel Glinzer (Name of Circulator), (certify): I reside at 123 Walkers Village of Whiting (Circulator's Residence - Street name and Number) (Circulator Municipality).

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 19 / 2011 (Month) (Day) (Year)

*[Signature]* (Signature of Circulator)

Page No. (Official Use Only)  
# 001564  
1464

Circulators, please include your  
Phone ( )  
Email

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Chelsea Wiedenbost	<i>Chelsea Wiedenbost</i>	Street: 721 Scott St Apt 2 City: Wausau Zip: 54405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/19/2011 (Month) (Day) (Year)
2. Patrick Hughes	<i>Pat Hughes</i>	Street: 5705 Babl Ln. City: Weston Zip: 54476	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Weston	12/19/2011 (Month) (Day) (Year)
3. Danielle Hanson	<i>Danielle Hanson</i>	Street: 203 Laut St City: Rothschild Zip: 54474	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Rothschild	12/19/2011 (Month) (Day) (Year)
4. Randy Walters	<i>Randy Walters</i>	Street: 2014 James St City: Mosinee Zip: 54455	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Kronenwetter	12/19/2011 (Month) (Day) (Year)
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

I, SCOTT SULLIVAN (Name of Circulator)  
 (certify): I reside at 1806 BUCKHORN AVE (Circulator's Residence - Street name and Number)  
SCHUBFIELD (Circulator Municipality)  
 I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.  
12 / 19 / 20 (Month) (Day) (Year)  
*Scott Sullivan* (Signature of Circulator)  
 Page No. (Official Use Only)  
 # 001465

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Shelley Lewandowski	<i>Shelley Lewandowski</i>	Street: 1044 Old Hwy 51 City: Mosinee Zip: 54455	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mosinee	12/16/2011 (Month) (Day) (Year)
2. William Heckman	<i>William Heckman</i>	Street: 701 Dalton Dr City: Mosinee Zip: WI 54455	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MOSINEE	12/17/2011 (Month) (Day) (Year)
3. James A. Rykowski	<i>James A. Rykowski</i>	Street: 5570 DALTON DR. City: Mosinee, WI. Zip: 54455	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mosinee	12/17/2011 (Month) (Day) (Year)
4. DOROTHY BENNETT	<i>Dorothy Bennett</i>	Street: 677 EDISON ST City: MOSINEE Zip: 54455	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MOSINEE	12/17/2011 (Month) (Day) (Year)
5. Charlene Babbitts	<i>Charlene Babbitts</i>	Street: 2575 Evergreen Rd City: mosinee WI Zip: 54455	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City marthon	12/17/2011 (Month) (Day) (Year)
6. BARBARA CERANICH	<i>Barbara Ceranich</i>	Street: 1002 EAST ST City: MARATHON Zip: 54448	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MARATHON	12/19/2011 (Month) (Day) (Year)
7. DANIEL HINTZ	<i>Daniel Hintz</i>	Street: 713 6TH ST City: MOSINEE Zip: 54455	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MOSINEE	12/19/2011 (Month) (Day) (Year)
8. MARABETH STABEL	<i>Marabeth Stabel</i>	Street: 215 CYRIL City: Marathon WI Zip: 54448	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Stettin	12/19/2011 (Month) (Day) (Year)
9. JANETT WINDORST	<i>Janett Windorst</i>	Street: 831 Single Ave City: Waupun WI Zip: 54983	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Waupun	12/19/2011 (Month) (Day) (Year)
10. DAVE WINDORST	<i>Dave Windorst</i>	Street: 831 Single Ave City: Waupun WI Zip: 54983	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Waupun	12/19/2011 (Month) (Day) (Year)

I, Rachel A. Heldt (Name of Circulator), (certify): I reside at 703 Water St. Mosinee, WI 54455 (Circulator's Residence - Street name and Number) Mosinee (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 19 / 2011 (Month) (Day) (Year) Rachel A. Heldt (Signature of Circulator)



# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Paula Hawkins	<i>Paula Hawkins</i>	Street: 1502 Franklin St. City: WAUSAU Zip: W1	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	12/19/2011 (Month) (Day) (Year)
2. <del>Galloway</del> JL		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
3. Alvarado	<i>Alvarado</i>	Street: 935 S. 9th Ave City: Wausau Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/19/2011 (Month) (Day) (Year)
4. Tammy Koenig	<i>Tammy Koenig</i>	Street: R12493 River Rd City: Ringle WI Zip: 54471	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Ringle	12/19/2011 (Month) (Day) (Year)
5. Yauo Yang	<i>Yauo Yang</i>	Street: 3907 Howland Ave. City: Weston Zip: 54476	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Weston	12/19/2011 (Month) (Day) (Year)
6. Steven Nuernberger	<i>Steven Nuernberger</i>	Street: 1125 Grand Ave City: Wausau Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/17/2011 (Month) (Day) (Year)
7. Courtney Nuernberger	<i>Courtney Nuernberger</i>	Street: 1125 Grand Ave JL City: Wausau Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau JL	12/18/2011 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

## Certification of Circulator

I, Joshua Lord (Name of Circulator), (certify): I reside at 1402 Stark St (Circulator's Residence - Street name and Number) Wausau (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 19 / 2011  
(Month) (Day) (Year)

*Joshua Lord*  
(Signature of Circulator)

Page No. (Official Use Only)  
# **001467**

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Carol A. Reitz	<i>Carol A. Reitz</i>	Street: 1235 Evergreen Rd City: Wausau WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/15/20 (Month) (Day) (Year)
2. Rocky Wegner	<i>Rocky Wegner</i>	Street: 1439 1st Ave N City: Park Falls WI Zip: 54552	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Park Falls	12/18/2011 (Month) (Day) (Year)
3. Heidi Giese	<i>Heidi Giese</i>	Street: 2242 Meadow Dr City: Mosinee WI Zip: 54455	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kronenwetter	12/18/2011 (Month) (Day) (Year)
4. Scott Werner	<i>Scott Werner</i>	Street: 1967 James St City: Kronenwetter, WI Zip: 54455	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Kronenwetter	12/18/2011 (Month) (Day) (Year)
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/ /20 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/ /20 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/ /20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/ /20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/ /20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/ /20 (Month) (Day) (Year)

## Certification of Circulator

I, Margaret Werhane, (certify): I reside at 7008 River Trail Dr Town of Weston  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 19 / 2011  
(Month) (Day) (Year)

*Margaret Werhane*  
(Signature of Circulator)

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1468

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. DONNA NOLAN	<i>Donna Nolan</i>	Street: 2908 DOVE AVE. City: Wausau, WI Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City RIB MT.	12/19/2011 (Month) (Day) (Year)
2. Corry Boehm	<i>Corry Boehm</i>	Street: 3305 Sandy Ln. City: Weston Zip: 54476	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Weston	12/14/2011 (Month) (Day) (Year)
3. Katherine Stanton	<i>Katherine Stanton</i>	Street: 410 Maria Dr. City: Wausau Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/19/2011 (Month) (Day) (Year)
4. Ivan Ginter	<i>Ivan R Ginter</i>	Street: 935 S 21 Ave City: Wausau Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/19/2011 (Month) (Day) (Year)
5. Russell Emon	<i>Russell Emon</i>	Street: 915 MAPLE ST City: WAUSAU Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	12/19/2011 (Month) (Day) (Year)
6. Carol Radtke	<i>Carol Radtke</i>	Street: 1678 Creek Rd City: Mosinee Zip: 54455	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Kronenwetter	12/19/2011 (Month) (Day) (Year)
7. Mel Radtke	<i>Mel Radtke</i>	Street: 1678 Creek Rd City: Mosinee Zip: 54455	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Kronenwetter	12/19/2011 (Month) (Day) (Year)
8. DAVID WIEGAND	<i>David Wiegand</i>	Street: 1636 Four Mile Road City: MARATHON Zip: 54448	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MARATHON	12/19/2011 (Month) (Day) (Year)
9. Elyse Wiegand	<i>Elyse Wiegand</i>	Street: 1636 Four Mile Rd City: Marathon Zip: 54448	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Marathon	12/19/2011 (Month) (Day) (Year)
10. Leng Lee	<i>Leng Lee</i>	Street: 1134 S 19th Ave City: WAUSAU Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	12/19/2011 (Month) (Day) (Year)

## Certification of Circulator

I, DOROTHY J MILLER, (certify): I reside at 1800 Co Rd KK, Mosinee Town of Mosinee  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator's Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 19 / 2011  
(Month) (Day) (Year)

*Dorothy J Miller*  
(Signature of Circulator)

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# **001469**

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. Susan Babcock	<i>Susan Babcock</i>	Street: 911 Landsried Ave City: Mosinee, W. Zip: 54455	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City mosinee	12/03/2011 <small>(Month) (Day) (Year)</small>
2. Kenneth Ryskiewicz	<i>Kenneth Ryskiewicz</i>	Street: 830 School Rd. City: Mosinee WI. Zip: 54455	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Knowlton	12/15/2011 <small>(Month) (Day) (Year)</small>
3. Eric M. Basszc	<i>Eric M. Basszc</i>	Street: 474 Owen St City: Mosinee Zip: 54455	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mosinee	12/15/2011 <small>(Month) (Day) (Year)</small>
4. Bruce A. Drake	<i>[Signature]</i>	Street: 1549 Kunzman Ln City: Mosinee WI Zip: 54455	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City KNOWLTON	12/15/2011 <small>(Month) (Day) (Year)</small>
5. Tom Breitenstein	<i>Tom Breitenstein</i>	Street: 404 Seagull Dr. City: MOSINEE WIS Zip: 54455	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City KNOWLTON	12/19/2011 <small>(Month) (Day) (Year)</small>
6. Pamela Asmundsen	<i>Pamela Asmundsen</i>	Street: 749 Redfield Rd City: Mosinee Zip: 54455	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Knowlton	12/18/2011 <small>(Month) (Day) (Year)</small>
7. ROBERT GRASSL	<i>Robert Grassl</i>	Street: 749 Redfield Rd. City: Mosinee, WI Zip: 54455	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City KNOWLTON	12/18/2011 <small>(Month) (Day) (Year)</small>
8. Nancy L. Grassl	<i>Nancy L. Grassl</i>	Street: 749 Redfield Rd City: mosinee wi Zip: 54455	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Knowlton	12/18/2011 <small>(Month) (Day) (Year)</small>
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>

## Certification of Circulator

I, GEORGE D. GRASSL (Name of Circulator), (certify): I reside at 1019 SCHOOL RD (Circulator's Residence - Street name and Number) KNOWLTON (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.43(3)(a), Wis. Stats.

12 / 19 / 2011  
(Month) (Day) (Year)

*George D. Grassl*  
(Signature of Circulator)

Page No. (Official Use Only)  
**001470**

Circulator's Name

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. Richard J. Mohelnitzky	<i>Richard J. Mohelnitzky</i>	Street: 75900 River Hills Rd. City: WAUSAU WI Zip: 54403	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City TEXAS	12/17/2011 <small>(Month) (Day) (Year)</small>
2. Joan M. Boers	<i>Joan M. Boers</i>	Street: 1315 Sherman St City: Wausau Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/17/2011 <small>(Month) (Day) (Year)</small>
3. Theodore Ulrich	<i>Theodore W. Ulrich</i>	Street: 915-7th Ave North City: WAUSAU Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/17/2011 <small>(Month) (Day) (Year)</small>
4. RAMONA A. ULRICH	<i>Ramona A. Ulrich</i>	Street: 915 N 7th Ave City: WAUSAU Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/17/2011 <small>(Month) (Day) (Year)</small>
5. Sean Mattice	<i>Sean Mattice</i>	Street: 905 Hickory St City: Wausau Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/17/2011 <small>(Month) (Day) (Year)</small>
6. Eldon Horton	<i>Eldon Horton</i>	Street: 1240 Spring St City: Wausau Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/17/2011 <small>(Month) (Day) (Year)</small>
7. Melanie Lukens	<i>Melanie M. Lukens</i>	Street: 917 S. 10th Avenue City: Wausau Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/17/2011 <small>(Month) (Day) (Year)</small>
8. MARJORIE THORN	<i>Marjorie Thorn</i>	Street: 601 N 88th St City: WAUSAU WI Zip: 54403	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City WAUSAU	12/17/2011 <small>(Month) (Day) (Year)</small>
9. Lisa Myles	<i>Lisa Myles</i>	Street: 902 Chicago Ave City: Wausau WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/17/2011 <small>(Month) (Day) (Year)</small>
10. LEONARD PLAMANN	<i>Leonard Plamann</i>	Street: 502 Maple St City: Wausau Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/19/2011 <small>(Month) (Day) (Year)</small>

## Certification of Circulator

I, Cleanette White, (certify): I reside at 1906 N. 10th Ave Apt. 7 Wausau (Circulator's Residence - Street name and Number) Wausau (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 19 / 2011  
(Month) (Day) (Year)

*Cleanette White*  
(Signature of Circulator)

Page No. (Official Use Only)

001471

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Lenette Notz	<i>Lenette Notz</i>	Street: 1332 N 3rd Ave City: Wausau Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/21/2011 (Month) (Day) (Year)	Email Phone
2. Kim Pyke	<i>Kim Pyke</i>	Street: 632 Maple Ave City: Wausau Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/21/2011 (Month) (Day) (Year)	Email Phone
3. Dennis Marks	<i>Dennis Marks</i>	Street: 907 MANSON ST #8 City: Wausau Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/23/2011 (Month) (Day) (Year)	Email Phone
4. MARK NOTZ	<i>Mark Notz</i>	Street: 1332 N 3rd Ave City: Wausau Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/24/2011 (Month) (Day) (Year)	Email Phone
5. Jennifer Sjolholm	<i>Jennifer Sjolholm</i>	Street: 473 N. KOWS. City: St Germain Zip: 54558	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City St Germain	11/29/2011 (Month) (Day) (Year)	Email Phone
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone

## Certification of Circulator

I, Dagmar Jeffries, (certify): I reside at 1427 N 1st Ave Wausau WI 54401  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 19 / 2011  
(Month) (Day) (Year)

*Dagmar Jeffries*  
(Signature of Circulator)

Page No. (Official Use Only)

# 00162

1472

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	
1. Constance Schmiede	<i>Constance Schmiede</i>	Street: 108 Doyle Place City: Medford Zip: 54451	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Medford	12/19/2011 <small>(Month) (Day) (Year)</small>	Email Phone
2. Mike Weis	<i>Michael Weis</i>	Street: 4060 Bluegill Ave City: Wausau Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rib Mountain	12/19/2011 <small>(Month) (Day) (Year)</small>	Email Phone
3. Lynette Weis	<i>Lynette Weis</i>	Street: 4060 Bluegill Ave City: Wausau WI Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rib Mt.	12/19/2011 <small>(Month) (Day) (Year)</small>	Email Phone
4. Dawn Tollendorf	<i>Dawn Tollendorf</i>	Street: 2314 Midway Blvd. City: Wausau Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/19/2011 <small>(Month) (Day) (Year)</small>	Email Phone
5. Brent Zinkel	<i>Brent Zinkel</i>	Street: 2314 Midway Blvd City: WAUSAU Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/19/2011 <small>(Month) (Day) (Year)</small>	Email Phone
6. MARIA MASCOZA	<i>Maria Mascoza</i>	Street: 1425 Street Arc City: Marshfield Zip: 54449	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City McMillan	12/19/2011 <small>(Month) (Day) (Year)</small>	Email Phone
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone

## Certification of Circulator

I, William H. Johnson, (certify): I reside at 15 N. Hancock St. City of Madison.  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 19 / 2011  
(Month) (Day) (Year)

*William H. Johnson*  
 \_\_\_\_\_  
(Signature of Circulator)

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 # **001473**

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Melissa Scantlin	<i>Melissa Scantlin</i>	Street: 1100 S 50th Ave #102 City: Wausau Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/17/2011 (Month) (Day) (Year)
2. Jeffery M. King	<i>Jeffery M. King</i>	Street: 1227 S. 12th Ave. City: Wausau, WI Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/17/2011 (Month) (Day) (Year)
3. Tami Lundberg	<i>Tami Lundberg</i>	Street: 1109 5th 15th Ave City: Wausau Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/17/2011 (Month) (Day) (Year)
4. Claire Meney	<i>Claire Meney</i>	Street: 711 Stark St City: Wausau, WI Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/17/2011 (Month) (Day) (Year)
5. SHIRLEY ROSEN	<i>Shirley Rosen</i>	Street: 415 E Oak St City: Edgar WI Zip: 54426	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Edgar	12/17/2011 (Month) (Day) (Year)
6. BETH WILDER-STIEBER	<i>Beth Wilder-Stieber</i>	Street: 875 Braters Hill Rd City: Wausau, WI Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Stettin	12/17/2011 (Month) (Day) (Year)
7. Carrie Thao	<i>Carrie Thao</i>	Street: 1403 Brown St City: Wausau, WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/17/2011 (Month) (Day) (Year)
8. Barbara Grenier	<i>Barbara Grenier</i>	Street: 1320 Grand Ave Apt 5a City: Wausau WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/17/2011 (Month) (Day) (Year)
9. Carrie Skrzewski	<i>Carrie Skrzewski</i>	Street: 5401 Sherman St Apt 3 City: Wausau Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/17/2011 (Month) (Day) (Year)
10. Tyson Scantlin	<i>Tyson Scantlin</i>	Street: 1100 S 50th Ave #102 City: Wausau Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/17/2011 (Month) (Day) (Year)

## Certification of Circulator

I, Steven J. Matuszals (Name of Circulator), (certify): I reside at 322 Mobile Ave (Circulator's Residence - Street name and Number) City of Wausau 54403 (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 17 / 20 11  
(Month) (Day) (Year)

Steven J. Matuszals  
(Signature of Circulator)

Page No. (Official Use Only)

## 00167

1474



# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Daisy McClure	<i>Daisy McClure</i>	Street: 709 Prospect Ave City: Wausau Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/19/2011 (Month) (Day) (Year)
2. Margaret Hess	<i>Margaret Hess</i>	Street: 6706 Decatur City: Wausau Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Maine	12/19/2011 (Month) (Day) (Year)
3. Dana Parlier Pease	<i>Dana Parlier Pease</i>	Street: 5906 Alex St City: Schofield Zip: 54476	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Weston	12/19/2011 (Month) (Day) (Year)
4. Michael R. Goetsch	<i>Michael R. Goetsch</i>	Street: 702 Norton St City: Wausau Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/19/2011 (Month) (Day) (Year)
5. Caine Hethner	<i>Caine Hethner</i>	Street: 430 1/2 N. 3rd Ave City: Wausau Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/19/2011 (Month) (Day) (Year)
6. Edna Juech	<i>Edna Juech</i>	Street: 430 1/2 N. 3rd Ave City: Wausau Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/19/2011 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)

## Certification of Circulator

I, Steven J. Matuszak (Name of Circulator), (certify): I reside at 322 Mobile Ave (Circulator's Residence - Street name and Number) City of Wausau 54403 (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12/19/2011  
(Month) (Day) (Year)

*Steven J. Matuszak*  
(Signature of Circulator)

Page No. (Official Use Only)

# 001675

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. Jesse Osborne	<i>Jesse Osborne</i>	Street: 425 Old Hwy 51 City: Mosinee WI Zip: 54455	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mosinee	12/17/2011 <small>(Month) (Day) (Year)</small>
2. Joshua Geoffrey	<i>Joshua Geoffrey</i>	Street: 901 S 16th St City: Wausau Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/17/2011 <small>(Month) (Day) (Year)</small>
3. Andrew Malek	<i>Andrew Malek</i>	Street: 4505 Blackberry Dr City: Wausau Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/17/2011 <small>(Month) (Day) (Year)</small>
4. Bill Hannie Jr	<i>Bill Hannie Jr</i>	Street: 5105 Linda St. City: Weston Zip: 54476	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Weston	12/17/2011 <small>(Month) (Day) (Year)</small>
5. Stacy L. Hannie	<i>Stacy L. Hannie</i>	Street: 5105 Linda St. City: Weston Zip: 54476	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Weston	12/17/2011 <small>(Month) (Day) (Year)</small>
6. Katie Mattice	<i>Katie Mattice</i>	Street: 125 Adrian St City: Wausau Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/18/2011 <small>(Month) (Day) (Year)</small>
7. Kristine Simon	<i>Kristine Simon</i>	Street: 1921 Carol Drive City: Wausau Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/18/2011 <small>(Month) (Day) (Year)</small>
8. Stacy Olson	<i>Stacy Olson</i>	Street: 609 Independence Ln City: Wausau WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/18/2011 <small>(Month) (Day) (Year)</small>
9. Gerald Ray	<i>Gerald Ray</i>	Street: 3206 Kildeer Ln City: Wausau Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rib Mountain	12/18/2011 <small>(Month) (Day) (Year)</small>
10. Holly Modler	<i>Holly Modler</i>	Street: 410 7th St. City: Wausau Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/18/2011 <small>(Month) (Day) (Year)</small>

### Certification of Circulator

I, JAMES BOGGS, (certify): I reside at 1717 Garfield Ave City of Wausau  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 18 / 2011  
(Month) (Day) (Year)

James Boggs  
(Signature of Circulator)

Page No. (Official Use Only)

# **001476**

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Mitch VanWagner	<i>Mitch VanWagner</i>	Street: 414 Palm St. City: Rothschild Zip: 54474	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Rothschild	12/16/2011 (Month) (Day) (Year)	Email Phone
2. Brian Harden	<i>Brian Harden</i>	Street: 1242 S. Old Hwy 51 City: Mosinee WI Zip: 54455	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Knokton	12/16/2011 (Month) (Day) (Year)	Email Phone
3. Randy Froehlich	<i>Randy Froehlich</i>	Street: 2201 Nuthatch Ln. City: WAUSAU Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rib Mountain	12/17/2011 (Month) (Day) (Year)	Email Phone
4. Kathy Froehlich	<i>Kathy Froehlich</i>	Street: 2201 Nuthatch Lane City: Wausau Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rib Mountain	12/17/2011 (Month) (Day) (Year)	Email Phone
5. Julie Davis	<i>Julie Davis</i>	Street: 5404 Zadra St City: Weston Zip: 54476	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Weston	12/17/2011 (Month) (Day) (Year)	Email Phone
6. Robyn Dantz	<i>Robyn Dantz</i>	Street: 1516 N. 15th Ave City: Wausau Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/17/2011 (Month) (Day) (Year)	Email Phone
7. Jody L Giese	<i>Jody L. Giese</i>	Street: 904 16th St. City: Mosinee Zip: 54455	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mosinee	12/17/2011 (Month) (Day) (Year)	Email Phone
8. Michelle L Giese	<i>Michelle L Giese</i>	Street: 904 16th St City: Mosinee Zip: 54455	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mosinee	12/17/2011 (Month) (Day) (Year)	Email Phone
9. Travis Tilton	<i>Travis Tilton</i>	Street: 7728 East Jefferson St City: Wausau WI Zip: 54403	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Wausau	12/17/2011 (Month) (Day) (Year)	Email Phone
10. Niswette Tilton	<i>Niswette Tilton</i>	Street: 7728 E Jefferson St City: Wausau, WI Zip: 54403	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Wausau	12/17/2011 (Month) (Day) (Year)	Email Phone

## Certification of Circulator

I, JAMES BOGGS, (certify): I reside at 1717 Garfield Ave City of Wausau  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

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12 / 17 / 2011  
(Month) (Day) (Year)

*James Boggs*  
(Signature of Circulator)

Page No. (Official Use Only)

# 001477


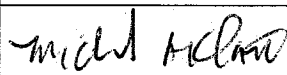
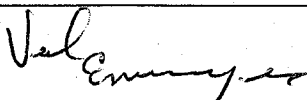

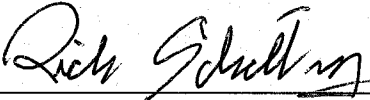
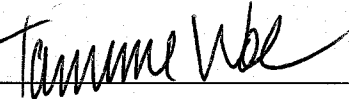
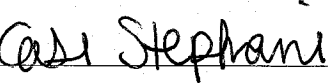
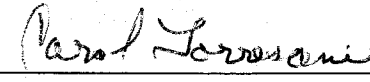
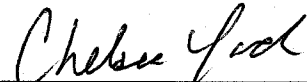
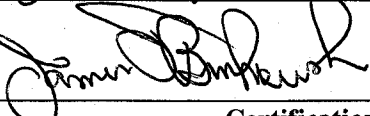
Circulator

Phone

Email

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. Josh Lanigan		Street: 1213 E Union Ave Apt #6 City: WAUSAU Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	12/19/2011 <small>(Month) (Day) (Year)</small>
2. Michael KLATT		Street: 1210 W. 4th St City: WAUSAU WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	12/19/2011 <small>(Month) (Day) (Year)</small>
3. VELL Emminger		Street: 732 JACKSON City: WAUSAU Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	12/19/2011 <small>(Month) (Day) (Year)</small>
4. Jessica LeDuc		Street: 1102 Slath Ave City: Wausau Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/19/2011 <small>(Month) (Day) (Year)</small>
5. Rich Schilling		Street: 5015 PINE ST. City: Schofield Zip: 54476	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City WESTON	12/19/2011 <small>(Month) (Day) (Year)</small>
6. TAMMIE Workman		Street: 523 N 9th AVE City: WAUSAU WI Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	12/19/2011 <small>(Month) (Day) (Year)</small>
7. Cassi Stephani		Street: 202 1st Street Apt 15 City: Rothschild Zip: 54474	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City ROTHSCHILD	12/19/2011 <small>(Month) (Day) (Year)</small>
8. Carol Torresani		Street: TSC 74 N Troy St City: Wausau Zip: 54403	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City TEXAS	12/19/2011 <small>(Month) (Day) (Year)</small>
9. Chelsea Yach		Street: 207 W. Eldred St Apt. #8 City: WAUSAU 54401 Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	12/19/2011 <small>(Month) (Day) (Year)</small>
10. James F Binkowski		Street: 5510 PINE PARK ST. City: WESTON Zip: 54476	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City VILLAGE of WESTON	12/19/2011 <small>(Month) (Day) (Year)</small>

## Certification of Circulator

I, William A. Christenson, (certify): I reside at T886 Granite Heights Road Town of Texas  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 19 / 2011  
(Month) (Day) (Year)

William A. Christenson  
(Signature of Circulator)

Page No. (Official Use Only)  
 # **001478**

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Jeannette Goede	<i>Jeannette Goede</i>	Street: 315 Lazy Acres Rd City: Wausau Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/19/2011 <small>(Month) (Day) (Year)</small>
2. Charisse Spears	<i>Charisse Spears</i>	Street: 806 1/2 McClellan City: Wausau Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/19/2011 <small>(Month) (Day) (Year)</small>
3. Amy Saari	<i>Amy Saari</i>	Street: 2005 Bedwing Road City: Wausau Zip: 54401	<input checked="" type="checkbox"/> Town Rib Mtn. <input type="checkbox"/> Village <input type="checkbox"/> City	12/19/2011 <small>(Month) (Day) (Year)</small>
4. Brandi Grabau	<i>Brandi Grabau</i>	Street: 1808 Roosevelt St City: Wausau WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/19/2011 <small>(Month) (Day) (Year)</small>
5. Suzanne Michalski	<i>Suzanne Michalski</i>	Street: 4311 Schofield Ave #138 City: Schofield Zip: 54476	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Weston	12/19/2011 <small>(Month) (Day) (Year)</small>
6. Leslie Peckler	<i>Leslie Peckler</i>	Street: 4311 Schofield Ave #138 City: Schofield Zip: 54476	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Weston	12/19/2011 <small>(Month) (Day) (Year)</small>
7. ELIZABETH PATTON	<i>Elizabeth Patton</i>	Street: 1004 LOTUS LINE City: WAUSAU, WI Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City RIB MOUNTAIN	12/19/2011 <small>(Month) (Day) (Year)</small>
8. Eugene J. Breitzman	<i>Eugene J Breitzman</i>	Street: 2407 Marshall St City: Wausau Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	12/19/2011 <small>(Month) (Day) (Year)</small>
9. Samantha Schneider	<i>Samantha Schneider</i>	Street: 703 Prospect Ave City: Wausau Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/19/2011 <small>(Month) (Day) (Year)</small>
10. Pete Frei	<i>Pete Frei</i>	Street: 126 N. 1ST AVE City: WANSAU Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WANSAU	12/19/2011 <small>(Month) (Day) (Year)</small>

## Certification of Circulator

I, William A. Christenson, (certify): I reside at 7886 Granite Heights Road Town of Texas  
(Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 19 / 2011  
(Month) (Day) (Year)

William A. Christenson  
(Signature of Circulator)

Page No. (Official Use Only)  
 # 001479

1479

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. Clarence Blaskowski	<i>Clare Blaskowski</i>	Street: 1012 N 6th Ave City: Wausau Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/19/2011 <small>(Month) (Day) (Year)</small>
2. Eric Raymond	<i>ER</i>	Street: 675 Ridge Rd #205 City: Mosinee Zip: 54455	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Knawnton	12/19/2011 <small>(Month) (Day) (Year)</small>
3. Judith Blaskowski	<i>Judith Blaskowski</i>	Street: 1012 N 6th Ave City: Wausau WI Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/19/2011 <small>(Month) (Day) (Year)</small>
4. Sova Vang	<i>Sova Vang</i>	Street: 622 Forest St City: Wausau Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/19/2011 <small>(Month) (Day) (Year)</small>
5. Yau Hang Yang	<i>Yau Hang Yang</i>	Street: 622 Forest St City: Wausau Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/19/2011 <small>(Month) (Day) (Year)</small>
6. Tang Her	<i>Tang Her</i>	Street: 622 Forest St City: Wausau Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/19/2011 <small>(Month) (Day) (Year)</small>
7. Phyllis KROENING	<i>Phyllis Kroening</i>	Street: 6300 BIRCH ST SITE 6 City: WESTON Zip: 54476	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village WESTON <input type="checkbox"/> City	12/19/2011 <small>(Month) (Day) (Year)</small>
8. Jessica Nitecki	<i>Jessica Nitecki</i>	Street: 714 Grand Ave #16 City: Wausau Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/19/2011 <small>(Month) (Day) (Year)</small>
9. Jennifer Fritz	<i>Jennifer Fritz</i>	Street: 615 Plummer St City: Wausau Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/19/2011 <small>(Month) (Day) (Year)</small>
10. Tara Janda	<i>Tara Janda</i>	Street: 902 Kickbusch St City: Wausau Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/19/2011 <small>(Month) (Day) (Year)</small>

## Certification of Circulator

I, William A. Christenson (Name of Circulator), (certify): I reside at 1886 Granite Heights Road (Circulator's Residence - Street name and Number) Town of Texas (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given in support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 19 / 2011  
(Month) (Day) (Year)

William A. Christenson  
(Signature of Circulator)

Page No. (Official Use Only)  
# **001480**

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. STEVEN DESOTELLE	<i>Steven Desotelle</i>	Street: 5402 LINDA ST. City: WESTON Zip: 54476	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City WESTON	12/19/2011 (Month) (Day) (Year)
2. Paul Smith	<i>Paul Smith</i>	Street: 8005 Kootich Lane City: Weston, WI. Zip: 54476	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Weston	12/19/2011 (Month) (Day) (Year)
3. PATRICIA MARQUARDT	<i>Patricia Marquardt</i>	Street: 1907 3RD ST. City: WAUSAU Zip: 54403	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City WAUSAU	12/19/2011 (Month) (Day) (Year)
4. AL Kaiser	<i>Al J. Kaiser</i>	Street: 1019 Parcher ST City: WAUSAU Zip: 54403	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City WAUSAU	12/19/2011 (Month) (Day) (Year)
5. David A Gehl	<i>David A Muhl</i>	Street: 1823 Spring City: Schofield Zip: 54476	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Schofield	12/19/2011 (Month) (Day) (Year)
6. Cara Reed	<i>Cara Reed</i>	Street: 111 Steeple Rd City: Mosinee Zip: 54455	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Bergen	12/19/2011 (Month) (Day) (Year)
7. Mark Moss Sr	<i>Mark Moss Sr</i>	Street: 318 Sherman ST #3 City: WAUSAU Zip: 54403	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City WAUSAU	12/19/2011 (Month) (Day) (Year)
8. RAYMOND DELBOW	<i>Raymond Delbow</i>	Street: 5502 GARDON Street City: WESTON Zip: 54476	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City WESTON	12/19/2011 (Month) (Day) (Year)
9. Randy Stahmer	<i>Randy Stahmer</i>	Street: 2411 Midway Blvd City: WAUSAU Zip: 54403	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City WAUSAU	12/19/2011 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20____ (Month) (Day) (Year)

## Certification of Circulator

I, William A. Christenson, (certify): I reside at 1884 Granite Heights Road Town of Texas  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 19 / 2011  
(Month) (Day) (Year)

William A. Christenson  
(Signature of Circulator)

Page No. (Official Use Only)  
# 001481

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. <u>Tim Bradley</u>	<u>[Signature]</u>	Street: <u>5203 SUNSET ST</u> City: <u>WESTON WI</u> Zip: <u>54476</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>WESTON</u>	<u>12/19/2011</u> (Month) (Day) (Year)
2. <u>Debra Bauman</u>	<u>[Signature]</u>	Street: <u>143 ROSS Ave</u> City: <u>WAUSAU WI</u> Zip: <u>54403</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wausau</u>	<u>12/19/2011</u> (Month) (Day) (Year)
3. <u>Anthony Reel</u>	<u>[Signature]</u>	Street: <u>111 Steeple Rd</u> City: <u>Mosinee</u> Zip: <u>54455</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Bergen</u>	<u>12/19/2011</u> (Month) (Day) (Year)
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>1/20</u> (Month) (Day) (Year)
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>1/20</u> (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>1/20</u> (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>1/20</u> (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>1/20</u> (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>1/20</u> (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>1/20</u> (Month) (Day) (Year)

## Certification of Circulator

I, William A. Christenson, (certify): I reside at 1886 Granite Heights Road Town of Texas  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 19 / 2011  
(Month) (Day) (Year)

William A. Christenson  
(Signature of Circulator)

Page No. (Official Use Only)  
# 001482



# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. Joshua J. Edlund		Street: 940 S. 5th Ave City: Wausau Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/19/2011 <small>(Month) (Day) (Year)</small>
2. MAUREEN MAUREEN Hautzinger		Street: 575 BLAKE City: MOSINEE Zip: 54455	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MOSINEE	12/19/2011 <small>(Month) (Day) (Year)</small>
3. HAUTZINGER DARLENE JAEGER		Street: 115 Nina Ave. City: Wausau Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/19/2011 <small>(Month) (Day) (Year)</small>
4. Edward W. Magrecke		Street: 7108 Zimmerman St City: Wausau Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/19/2011 <small>(Month) (Day) (Year)</small>
5. TRAVIS G SEVERSON		Street: 1305 WASHINGTON ST City: WAUSAU WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	12/19/2011 <small>(Month) (Day) (Year)</small>
6. David Edelburg		Street: 7115 J Granite HTS Rd City: Wausau Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/19/2011 <small>(Month) (Day) (Year)</small>
7. Viki Andringa		Street: 1312 E. Bridge St City: Wausau Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/19/2011 <small>(Month) (Day) (Year)</small>
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>

**Certification of Circulator**

I, Joel D. Anderson (Name of Circulator), (certify): I reside at 909 Ethel St (Circulator's Residence - Street name and Number), Wausau, 54403 (Circulator Municipality).

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 19 / 2011  
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)  
 # **001483**

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	
1. Print: <u>Lyle Leith</u> Sign: <u>Lyle Leith</u>	Street: <u>1007 Kickbush St</u> City: <u>Wausau</u> Zip: <u>54403</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wausau</u> (Municipality Name)	<u>11/17/2011</u> (Month) (Day) (Year)	Email ( ) Phone ( )
2. Print: <u>Brittany Leith</u> Sign: <u>Brittany Leith</u>	Street: <u>415 Lotus St. Apt. 1</u> City: <u>Mosinee</u> Zip: <u>54455</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Mosinee</u> (Municipality Name)	<u>11/17/2011</u> (Month) (Day) (Year)	Email ( ) Phone ( )
3. Print: <u>Kody Kern</u> Sign: <u>K R K</u>	Street: <u>415 Lotus St Apt. 6</u> City: <u>Mosinee</u> Zip: <u>54455</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Mosinee</u> (Municipality Name)	<u>11/17/2011</u> (Month) (Day) (Year)	Email ( ) Phone ( )
4. Print: <u>Sandra Leith</u> Sign: <u>Sandra Leith</u>	Street: <u>1007 Kickbush St</u> City: <u>Wausau</u> Zip: <u>54403</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wausau</u> (Municipality Name)	<u>11/17/2011</u> (Month) (Day) (Year)	Email ( ) Phone ( )
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email ( ) Phone ( )

I, ellen j morton (certify): I reside at 1009 Kickbush St Wausau  
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 19 / 2011  
(Month) (Day) (Year)

ellen j morton  
(Signature of Circulator)

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Return  
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Circulator  
Please include  
Phone  
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Email  
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# SCOTT WALKER RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the State of Wisconsin petition for the recall of Governor Scott Walker from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
1. Print: <u>Lyle Leith</u> Sign: <u>Lyle Leith</u>	Street: <u>1007 Kickbusch St</u> City: <u>Wausau</u> Zip: <u>54403</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wausau</u> (Municipality Name)	<u>11/17/2011</u> (Month) (Day) (Year)	Email Phone (
2. Print: <u>Brittany Leith</u> Sign: <u>[Signature]</u>	Street: <u>415 Lotus St Apt 6</u> City: <u>Mosinee</u> Zip: <u>54455</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Mosinee</u> (Municipality Name)	<u>11/17/2011</u> (Month) (Day) (Year)	Email Phone (
3. Print: <u>Kody Kern</u> Sign: <u>[Signature]</u>	Street: <u>415 Lotus St. Apt 6</u> City: <u>Mosinee</u> Zip: <u>54455</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Mosinee</u> (Municipality Name)	<u>11/17/2011</u> (Month) (Day) (Year)	Email Phone (
4. Print: <u>Sandra Leith</u> Sign: <u>Sandra Leith</u>	Street: <u>1007 Kickbusch St</u> City: <u>Wausau, WI</u> Zip: <u>54403</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wausau</u> (Municipality Name)	<u>11/17/2011</u> (Month) (Day) (Year)	Email Phone (
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u>1/20</u> (Month) (Day) (Year)	Email Phone (

I, ellen j morton (Printed Name of Circulator) (certify): I reside at 1009 Kickbusch St (Circulator's Residence - Street Name and Number) Wausau (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12, 19, 2011  
(Month) (Day) (Year)

ellen j morton  
(Signature of Circulator)

Page No. (Official Use Only)  
# 001485

Return  
Comm  
PO Box  
Madiso

Circulator  
Please include  
Phone  
(  
Email

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Kimberly Mortenson	<i>Kimberly Mortenson</i>	Street: 402 George Street City: Rothschild Zip: WI 54454	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Rothschild	12/11/2011 (Month) (Day) (Year)
2. David Adick	<i>David Adick</i>	Street: 1005 - Meadow Cir City: Wausau Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/11/2011 (Month) (Day) (Year)
3. RICHARD CLARKSON	<i>Richard Clarkson</i>	Street: 780 S. GIBSON City: MEDFORD Zip: 54451	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MEDFORD	12/19/2011 (Month) (Day) (Year)
4. DAWN BECKER	<i>Dawn Becker</i>	Street: 939 HIGH ST 208 City: RIB LAKE Zip: 54470	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City RIB LAKE	12/19/2011 (Month) (Day) (Year)
5. Terry Voltz	<i>Terry Voltz</i>	Street: N 115 Highway Lane City: Rib Lake Zip: 54470	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Spirit	12/19/2011 (Month) (Day) (Year)
6. Karen Voltz	<i>Karen Voltz</i>	Street: N 115 Highway Lane City: Rib Lake Zip: 54470	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Spirit	12/19/2011 (Month) (Day) (Year)
7. Lisa Holm	<i>Lisa Holm</i>	Street: N 209 Pennington Rd City: Prentice Zip: 54556	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Osgema	12/19/2011 (Month) (Day) (Year)
8. Gail Kestlen	<i>Gail Kestlen</i>	Street: 1183 24 River Dr City: Medford Zip: WI 54454	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Medford	12/19/2011 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/ /20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/ /20 (Month) (Day) (Year)

## Certification of Circulator

I, Nancy Stencil (Name of Circulator), (certify): I reside at 119 Sunrise Drive (Circulator's Residence - Street name and Number) Rib Mountain (Circulator Municipality).

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 19 / 2011 (Month) (Day) (Year)

*Nancy Stencil* (Signature of Circulator)

Page No. (Official Use Only)

# 001456

Circulator

Ph

En

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. <u>Tony Bielen</u>	<u>Tony Bielen</u>	Street: <u>1309 South Road</u> City: <u>Mosinee</u> Zip: <u>54455</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Knowlton</u>	<u>12/1/2011</u> <small>(Month) (Day) (Year)</small>
2. <u>KAREN R. MALLAK</u>	<u>Karen R. Mallak</u>	Street: <u>905 10th St.</u> City: <u>Mosinee, WI</u> Zip: <u>54455</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Mosinee</u>	<u>12/1/2011</u> <small>(Month) (Day) (Year)</small>
3. <u>Ken Iczkowski</u>	<u>Ken Iczkowski</u>	Street: <u>205 2nd St</u> City: <u>MOSINEE</u> Zip: <u>54455</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MOSINEE</u>	<u>12/1/2011</u> <small>(Month) (Day) (Year)</small>
4. <u>Steven Damore</u>	<u>Steven Damore</u>	Street: <u>2414 Ithaca Rd.</u> City: <u>Mosinee</u> Zip: <u>54455</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Mosinee</u>	<u>12/1/2011</u> <small>(Month) (Day) (Year)</small>
5. <u>Randy Omernik</u>	<u>Randy Omernik</u>	Street: <u>863 S Hwy 4</u> City: <u>HATLEY</u> Zip: <u>54440</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Bevent</u>	<u>12/4/2011</u> <small>(Month) (Day) (Year)</small>
6. <u>VAL HINTZ</u>	<u>Val Hintz</u>	Street: <u>1629 LAKE DR</u> City: <u>ROSHOLT WI</u> Zip: <u>54473</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>BEVENT</u>	<u>12/5/2011</u> <small>(Month) (Day) (Year)</small>
7. <u>Mike Salzer</u>	<u>Mike Salzer</u>	Street: <u>303 Frenzell St</u> City: <u>Wausau WI</u> Zip: <u>54403</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wausau</u>	<u>12/5/2011</u> <small>(Month) (Day) (Year)</small>
8. <u>DON WANTA</u>	<u>Don Wanta</u>	Street: <u>785 PAGE RD</u> City: <u>HATLEY WI</u> Zip: <u>54440</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>RIED</u>	<u>12/5/2011</u> <small>(Month) (Day) (Year)</small>
9. <u>RON PECHA</u>	<u>Ron Pecha</u>	Street: <u>417 LOTUS ST APT 19</u> City: <u>MOSINEE WIS</u> Zip: <u>54455</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>MOSINEE</u>	<u>12/6/2011</u> <small>(Month) (Day) (Year)</small>
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>1/20</u> <small>(Month) (Day) (Year)</small>

## Certification of Circulator

I, Rick Smith, (certify): I reside at 1503 Plaza Rd. Village of Krenshaw  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 19 / 2011  
(Month) (Day) (Year)

Rick Smith  
(Signature of Circulator)

Page No. (Official Use Only)  
 # **001487**

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Richard Rozella	<i>Richard Rozella</i>	Street: 1901 Redwing Rd City: Wausau Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rib Mountain	12/5/2011 (Month) (Day) (Year)
2. Mike Manley	<i>Mike Manley</i>	Street: 1059 Mondroski Ln City: Mosinee Zip: 54455	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Keweenaw	12/5/2011 (Month) (Day) (Year)
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

## Certification of Circulator

I, Rick Smith, (certify): I reside at 1503 Plaza Rd Village of Keweenaw Circulator  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 19 / 2011  
(Month) (Day) (Year)

*Rick Smith*  
(Signature of Circulator)

Page No. (Official Use Only)  
# 001488

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	
1. Jennifer Mai	<i>Jennifer Mai</i>	Street: <u>2651 Meadowlark Dr</u> City: <u>Mosinee Wis</u> Zip: <u>54455</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <u>Kronenwetter</u> <input type="checkbox"/> City	<u>11/30/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone
2.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 20</u> <small>(Month) (Day) (Year)</small>	Email Phone
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 20</u> <small>(Month) (Day) (Year)</small>	Email Phone
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 20</u> <small>(Month) (Day) (Year)</small>	Email Phone
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 20</u> <small>(Month) (Day) (Year)</small>	Email Phone
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 20</u> <small>(Month) (Day) (Year)</small>	Email Phone
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 20</u> <small>(Month) (Day) (Year)</small>	Email Phone
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 20</u> <small>(Month) (Day) (Year)</small>	Email Phone
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 20</u> <small>(Month) (Day) (Year)</small>	Email Phone
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>/ / 20</u> <small>(Month) (Day) (Year)</small>	Email Phone

## Certification of Circulator

I, Rick Smith, (certify): I reside at 1503 Plaza Rd Village of Kronenwetter  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 1 19 2011  
(Month) (Day) (Year)

*Rick Smith*  
(Signature of Circulator)

Page No. (Official Use Only)  
 # **001489**

1489

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. Robert Love Jr	<i>Robert A Love Jr</i>	Street: 1243 Sunset Drive City: WAUSAU WI Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	12/7/2011 <small>(Month) (Day) (Year)</small>
2. Sherrida Bell	<i>Sherrida Bell</i>	Street: 1112 Augusta Ave City: Wausau Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/19/2011 <small>(Month) (Day) (Year)</small>
3. Ken Gardner	<i>Ken Gardner</i>	Street: 408 1/2 Prospect City: Wausau Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/19/2011 <small>(Month) (Day) (Year)</small>
4. Hayley Gutowski	<i>Hayley Gutowski</i>	Street: 217 Aspen Grove Lane City: Wausau Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/19/2011 <small>(Month) (Day) (Year)</small>
5. Kelly Remondini	<i>Kelly Remondini</i>	Street: 310 5th St City: Mosinee Zip: 54455	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mosinee	12/19/2011 <small>(Month) (Day) (Year)</small>
6. Aaron Kottke	<i>Aaron Kottke</i>	Street: 1711 Fairmount St. City: Wausau, WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/19/2011 <small>(Month) (Day) (Year)</small>
7. Shauna Kottke	<i>Shauna Kottke</i>	Street: 1711 Fairmount St City: Wausau WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/19/2011 <small>(Month) (Day) (Year)</small>
8. Brinton Blackwell	<i>B. Blackwell</i>	Street: 1511 York Street City: Wausau Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/19/2011 <small>(Month) (Day) (Year)</small>
9. Jordan Blackwell	<i>Jordan Blackwell</i>	Street: 1511 York St City: Wausau Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/19/2011 <small>(Month) (Day) (Year)</small>
10. BreAnna Drorak	<i>BreAnna Drorak</i>	Street: 220 Grand Ave City: Wausau WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/19/2011 <small>(Month) (Day) (Year)</small>

## Certification of Circulator

I, Thomas P. McCormick, (certify): I reside at 1015 Broadway Ave Wausau  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 19 / 2011  
(Month) (Day) (Year)

*Thomas P. McCormick*  
(Signature of Circulator)

Page No. (Official Use Only)  
 # 001490



# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Yia Xiong	[Signature]	Street: 661 Maple St City: Wausau Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/19/2011 (Month) (Day) (Year)
2.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

## Certification of Circulator

I, Thomas P McCormick, (Name of Circulator) (certify): I reside at 1015 Broadway Ave. (Circulator's Residence - Street Name and Number) Wausau (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 19 / 2011 (Month) (Day) (Year)

[Signature] (Signature of Circulator)

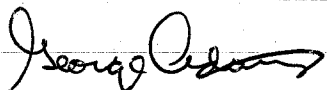

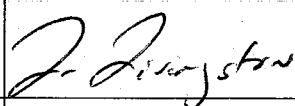

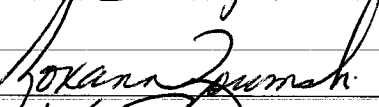
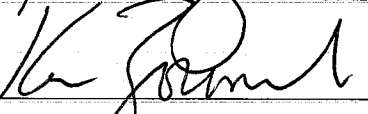
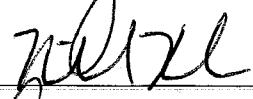

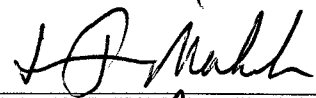

Page No. (Official Use Only)

# 001491

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

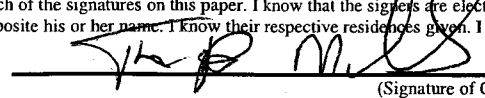
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. George Adams		Street: 2008 Cedar Cr. Dr. City: Rothschild Zip: 54474	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Rothschild	11/17/2011 <small>(Month) (Day) (Year)</small>
2. Diane Arneson		Street: 1010 Pintail Ln City: Wausau Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Rib Mountain	11/20/2011 <small>(Month) (Day) (Year)</small>
3. Lou Livingston		Street: 1416 Woodlawn Rd City: Wausau Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/22/2011 <small>(Month) (Day) (Year)</small>
4. Betsy Stangel		Street: 3808 Tapaz Drive City: Wausau Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/20/2011 <small>(Month) (Day) (Year)</small>
5. Roxann Zoromski		Street: 814 Hamilton City: Wausau Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/22/2011 <small>(Month) (Day) (Year)</small>
6. KEN Zoromski		Street: 814 HAMILTON ST. City: WAUSAU Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	11/22/2011 <small>(Month) (Day) (Year)</small>
7. Michael Krohn		Street: 306 E Kent St City: Schfield Zip: 54476	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Schfield	11/22/2011 <small>(Month) (Day) (Year)</small>
8. Renee Malak		Street: 2609 Gilbert St. City: Wausau Zip: 54403	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Wausau	11/22/2011 <small>(Month) (Day) (Year)</small>
9. Kevin Malak		Street: 2609 GILBERT ST City: Wausau Zip: 54403	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Wausau	11/22/2011 <small>(Month) (Day) (Year)</small>
10. DAVID COENEN		Street: 1510 Glenwood Rd. City: WAUSAU Zip: 54403	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Weston	11/22/2011 <small>(Month) (Day) (Year)</small>

## Certification of Circulator

I, Tamara McCormick, (certify): I reside at 1015 Broadway Ave. Wausau  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 22 / 2011  
(Month) (Day) (Year)

  
(Signature of Circulator)

Page No. (Official Use Only)

**001492**

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Karen Clark	<i>Karen Clark</i>	Street: 1000 Parrot Ln City: Wausau Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mountain Rib Mt	11/22/2011 (Month) (Day) (Year)
2. David Blaskowski	<i>David Blaskowski</i>	Street: R20585 Bamb. Dr. City: Ringle Zip: 54471	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Ringle	11/22/2011 (Month) (Day) (Year)
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)

## Certification of Circulator

I, Thomas P McCormick (Name of Circulator), (certify): I reside at 1015 Broadway Ave. (Circulator's Residence - Street name and Number) Wausau (Circulator Municipality).

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 22 / 2011  
(Month) (Day) (Year)

*Thomas P McCormick*  
(Signature of Circulator)

Page No. (Official Use Only)

# 001493

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. Robert Jennings	<i>[Signature]</i>	Street: 1009 Summer St City: Wausau WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/24/2011 <small>(Month) (Day) (Year)</small>
2. Angel Farias	<i>[Signature]</i>	Street: 211 Summer St City: Schofield WI Zip: 54476	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Schofield	11/25/2011 <small>(Month) (Day) (Year)</small>
3. Cory Laska	<i>[Signature]</i>	Street: 1302 West Thomas City: Wausau WI Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/25/2011 <small>(Month) (Day) (Year)</small>
4. Kazana Phandavong	<i>[Signature]</i>	Street: 249 Windtree Drive City: Wausau WI Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/25/2011 <small>(Month) (Day) (Year)</small>
5. Brett Shields	<i>[Signature]</i>	Street: 607 S 56th Ave City: Wausau WI Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	11/25/2011 <small>(Month) (Day) (Year)</small>
6. Joan Coody	<i>[Signature]</i>	Street: 516 NINA AVE City: WAUSAU WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	11/26/2011 <small>(Month) (Day) (Year)</small>
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>

### Certification of Circulator

I, BARBARA J. Denfeld, (certify): I reside at 7900 Wisconsin River Rd Wausau, WI 54403  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

11 / 25 / 20 11  
(Month) (Day) (Year)

*[Signature]*  
(Signature of Circulator)

Page No. (Official Use Only)  
 # 001494

Circulator  
 P  
 E

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	
1. Elisa Sorem	<i>Elisa Sorem</i>	Street: 605 South 5th Ave City: Wausau WI Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/19/2011 <small>(Month) (Day) (Year)</small>	Email Phone
2. Ben Sorem	<i>Ben Sorem</i>	Street: 605 S. 5th Ave. City: Wausau, WI. Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/19/2011 <small>(Month) (Day) (Year)</small>	Email Phone
3. Michael Martino	<i>Michael Martino</i>	Street: 1314 Cedar St City: Wausau, WI Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/19/2011 <small>(Month) (Day) (Year)</small>	Email Phone
4. Judith Duan	<i>Judith Duan</i>	Street: 3602 Sandy Ln. City: Weston, WI Zip: 54476	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Weston	12/19/2011 <small>(Month) (Day) (Year)</small>	Email Phone
5. Laura Straub	<i>Laura Straub</i>	Street: 305 Bay Park Ct. City: Wausau WI Zip: 54401	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Rib Mountain	12/19/2011 <small>(Month) (Day) (Year)</small>	Email Phone
6. Jp's Waukegan	<i>Jp's Waukegan</i>	Street: 1666 Fern Ln. City: Wausau Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Waukegan	12/19/2011 <small>(Month) (Day) (Year)</small>	Email Phone
7. CHEE LEE	<i>Chee Lee</i>	Street: 204 Rosecrans St City: Wausau WI Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/19/2011 <small>(Month) (Day) (Year)</small>	Email Phone
8. Karen Kott	<i>Karen Kott</i>	Street: 1322 E. KING RD. City: Tomahawk Zip: NOT HER DISTRICT	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/ /20 <small>(Month) (Day) (Year)</small>	Email Phone
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/ /20 <small>(Month) (Day) (Year)</small>	Email Phone
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/ /20 <small>(Month) (Day) (Year)</small>	Email Phone

## Certification of Circulator

I, BARBARA J. Deufeld, (certify): I reside at 1900 Wisconsin Road Town of Texas  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 19 / 2011  
(Month) (Day) (Year)

Barbara J. Deufeld  
(Signature of Circulator)

Page No. (Official Use Only)  
001435  
1495

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. HASSAN ALMOOSA WI	<i>[Signature]</i>	Street: 1103 3rd St. Apt #2 City: WAUSAU Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/15/2011 (Month) (Day) (Year)	Email Phone
2. Lee K. Thao	<i>[Signature]</i>	Street: 612 Parcher St. City: Wausau Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/15/2011 (Month) (Day) (Year)	Email Phone
3. Racquel Erickson	<i>[Signature]</i>	Street: 828 N# 8th Ave City: WAUSAU WI Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/15/2011 (Month) (Day) (Year)	Email Phone
4. JAMES O. Young	<i>[Signature]</i>	Street: 2206 Elmwood Blvd. City: Wausau, WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/15/2011 (Month) (Day) (Year)	Email Phone
5. LLOYD GRANDE	<i>[Signature]</i>	Street: 1704 ORIOLE LANE City: Wausau Zip: 54401	<input checked="" type="checkbox"/> Town Rib Mountain <input type="checkbox"/> Village <input type="checkbox"/> City	12/15/2011 (Month) (Day) (Year)	Email Phone
6. Eileen Grande	<i>[Signature]</i>	Street: 1704 Oriole Lane City: Wausau Zip: 54401	<input checked="" type="checkbox"/> Town Rib Mountain <input type="checkbox"/> Village <input type="checkbox"/> City	12/15/2011 (Month) (Day) (Year)	Email Phone
7. YAN GILLER	<i>[Signature]</i>	Street: 714 Winton City: Wausau Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/15/2011 (Month) (Day) (Year)	Email Phone
8. Dewell Clay	<i>[Signature]</i>	Street: 5906 Birchwood City: Wausau, WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Wausau	12/15/2011 (Month) (Day) (Year)	Email Phone
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone

## Certification of Circulator

I, Ginny L. Pedersen, (certify): I reside at 11415 N Longlake Rd Iron River, WI 54847  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 15 / 2011  
(Month) (Day) (Year)

Ginny Pedersen  
(Signature of Circulator)

Page No. (Official Use Only)  
# 001436

1496

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.					
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. Dennis W. Mueller	<i>Dennis W. Mueller</i>	Street: 1908 Kimberly Rd. City: Kronenwetter Zip: 54455	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City DM Kronenwetter	12/1/2011 (Month) (Day) (Year)	Email Phone 715
2. Tim WESTERGARD	<i>T. Westergard</i>	Street: 1915 KIMBERLY RD. City: KRONENWETTER Zip: 54455	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City DM Kronenwetter	12/1/2011 (Month) (Day) (Year)	Phone 715 Email
3. Cassandra Christiansen	<i>Cassandra Christiansen</i>	Street: 926 S. 1st Ave City: Wausau WI Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City DM Wausau	12/11/2011 (Month) (Day) (Year)	Phone
4. Dee R. Schlei	<i>Dee R. Schlei</i>	Street: 1920 Kimberly Rd City: Mosinee WI Zip: 54455	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City DM Kronenwetter	12/17/2011 (Month) (Day) (Year)	Email Phone
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 (Month) (Day) (Year)	Email Phone

## Certification of Circulator

I, Dennis W. Mueller, (certify): I reside at 1908 Kimberly Rd Kronenwetter  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 19 / 2011  
(Month) (Day) (Year)

*Dennis W. Mueller*  
(Signature of Circulator)

Page No. (Official Use Only)  
**001497**

# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	
1. <u>Harris</u> <u>Jennifer C. Harris</u>	<u>Jennifer C. Harris</u>	Street: <u>W2288 State Hwy. 64</u> City: <u>Medford</u> Zip: <u>54451</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Goodrich</u>	<u>12/13/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone
2.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>1/20</u> <small>(Month) (Day) (Year)</small>	Email Phone
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>1/20</u> <small>(Month) (Day) (Year)</small>	Email Phone
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>1/20</u> <small>(Month) (Day) (Year)</small>	Email Phone
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>1/20</u> <small>(Month) (Day) (Year)</small>	Email Phone
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>1/20</u> <small>(Month) (Day) (Year)</small>	Email Phone
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>1/20</u> <small>(Month) (Day) (Year)</small>	Email Phone
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>1/20</u> <small>(Month) (Day) (Year)</small>	Email Phone
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>1/20</u> <small>(Month) (Day) (Year)</small>	Email Phone
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>1/20</u> <small>(Month) (Day) (Year)</small>	Email Phone

## Certification of Circulator

I, Margot Jones, (certify): I reside at 11511 Eisenhower Dr Chili, WI 54420  
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 1 / 06 120 / 11  
(Month) (Day) (Year)

Margot Jones  
(Signature of Circulator)

Page No. (Official Use Only)  
 # 002113

001498



# PAM GALLOWAY RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall of Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING
1. Amy Gorski	<i>Amy Gorski</i>	Street: 143 Palace St City: Hatley WI Zip: 54440	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City REID	12/5/2011 (Month) (Day) (Year)
2. Tim Meyer	<i>Tim Meyer</i>	Street: 143 PALACE ST City: Hatley WI Zip: 54440	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City REID	12/5/2011 (Month) (Day) (Year)
3. RICHARD PAHL	<i>Richard Pahl</i>	Street: T1352 CO HWY WW City: WAUSAU WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	12/5/2011 (Month) (Day) (Year)
4. PATRICK STEFFECK	<i>Patrick Steffek</i>	Street: 211 N 11TH AV City: WAUSAU WI Zip: 54401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City WAUSAU	12/5/2011 (Month) (Day) (Year)
5. JOHN PURULL JR.	<i>John S. Purull Jr.</i>	Street: 2911 JELINEK AVE City: WESTON Zip: 54476	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City WESTON	12/5/2011 (Month) (Day) (Year)
6. FRANK VANDERWAAL	<i>Frank Vanderwaal</i>	Street: 583 CHERRY ST City: MOSINEE Zip: 54455	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City MOSINEE	12/5/2011 (Month) (Day) (Year)
7. Scott Kohn	<i>Scott Kohn</i>	Street: 1214 Mosinee Ave Apt 5 City: Mosinee Zip: 54455	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mosinee	12/5/2011 (Month) (Day) (Year)
8. OTTO JOHNSON JR	<i>Otto Johnson Jr</i>	Street: 1461 Moon RD City: Mosinee Zip: 54455	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Bergen	12/5/2011 (Month) (Day) (Year)
9. Mary Jordan	<i>Mary Jordan</i>	Street: 786 Franklin #5 City: WAUSAU WI Zip: 54403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Wausau	12/5/2011 (Month) (Day) (Year)
10. KIRK WYRO	<i>Kirk Wyro</i>	Street: 2303 SHERRWOOD AVE. City: ROTHSCCHILD Zip: 54474	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City ROTHSCCHILD	12/5/2011 (Month) (Day) (Year)

## Certification of Circulator

I, Mary C. Coffey (Name of Circulator), (certify): I reside at 4302 Cedar Ave (Circulator's Residence - Street name and Number) Village of Weston (Circulator's Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 5 / 2011  
(Month) (Day) (Year)

Mary C. Coffey  
(Signature of Circulator)

Page No. (Official Use Only)  
# 001499

# PAM GALLOWAY RECALL PETITION

the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 29th State Senate District of Wisconsin petition for the recall Senator Pam Galloway from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.  
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

Return to  
Committee  
PO Box  
Madison

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	NAME OF VOTING MUNICIPALITY OF RESIDENCE (Also Indicate Town, City, or Village)	DATE OF SIGNING	
int: <u>Susan Cooley</u> [Signature]	Street: <u>5720 Hillcrest Dr</u> City: <u>Wausau</u> Zip: <u>54401</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Maine</u> (Municipality Name)	<u>11/17/2011</u> (Month) (Day) (Year)	Email <u>715</u> Phone ( )
int: <u>Sharon Gauger</u> [Signature]	Street: <u>1108 Sleator Dr</u> City: <u>Wausau WI</u> Zip: <u>54401</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Maine</u> (Municipality Name)	<u>11/18/2011</u> (Month) (Day) (Year)	Email <u>715</u> Phone ( )
int: <u>Kathleen Szarkowicz</u> [Signature]	Street: <u>1503 military</u> City: <u>Rothschild WI</u> Zip: <u>54474</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Rothschild</u> (Municipality Name)	<u>11/18/2011</u> (Month) (Day) (Year)	Email <u>715</u> Phone ( )
int: <u>Lori Tonelli</u> [Signature]	Street: <u>11025 North Lane Av</u> City: <u>Wausau</u> Zip: <u>54401</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Stettin</u> (Municipality Name)	<u>11/18/2011</u> (Month) (Day) (Year)	Email <u>715</u> Phone ( )
int: <u>Adam Ellenbocker</u> [Signature]	Street: <u>601 S. 56th Ave Apt 4</u> City: <u>Wausau</u> Zip: <u>54401</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wausau</u> (Municipality Name)	<u>12/5/2011</u> (Month) (Day) (Year)	Email <u>92</u> Phone ( )

## Certification of Circulator

Jim Mattes

(Printed Name of Circulator)

(certify): I reside at

1105 Brookfield Lane

(Circulator's Residence - Street Name and Number)

Town of Rib Mt N

(Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this all petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12  
(Month)

13  
(Day)

2011  
(Year)

Jim Mattes  
(Signature of Circulator)

Page No. (Official Use Only)

001500

Circulators  
Please include y

Phone

65

Email